

Applicant Name: \_\_\_\_\_ Job Site Address: \_\_\_\_\_ Application No.: \_\_\_\_\_



## Electric Permit Application

City of Columbus, Ohio ▪ Department of Building & Zoning Services

757 Carolyn Avenue, Columbus, Ohio 43224 ▪ Phone: 614-645-7433 ▪ Fax: 614-645-0082 ▪ [www.columbus.gov](http://www.columbus.gov)

**ALL FEES ARE NON-REFUNDABLE ▪ Please type or print all information**

Date: \_\_\_\_\_

### Type of Permit:

#### Residential:

- ☐ 1 Family Dwelling  
☐ 2 Family Dwelling  
☐ 3 Family Dwelling

#### Commercial:

- ☐ 4 or more Family Dwelling;  
# of Units: \_\_\_\_\_  
☐ Commercial Structure  
☐ Phase 1 Foundation Underground Only

#### Type of Work:

##### Bldg. Permit/ Plan Review #:

- ☐ Addition to Building ☐ Alter Existing  
☐ New Construction ☐ Replace/ Repair Existing  
☐ Minor Limited Scope (One 15 min. inspection)  
☐ Removal Start ▪ ☐ Please provide related application #:

Additional Inspections Requested w/ this Application: # \_\_\_\_\_

Building Use: \_\_\_\_\_

Description/ Scope of Work\*\*: \_\_\_\_\_

### Job Site Information:

Certified Address**	Zip	Working in Unit #/ Suite/ Flr.	Tax District/ Parcel**
# of Stories	Gross Sq. Ft. Working Area	Cost of Construction	

Are there any active Building Services Division Violation Orders on this Property? Y N

Are there any active Neighborhood Services Division Violation Orders on this Property? Y N

### Contractor:

City of Columbus Registration No.**	Company/Contractor Name	Telephone Number
Street Address	City, State, Zip	Fax Number
Email Address		

Signature of Contractor or Authorized Signer\*\*

Print or Type Name

### Property Owner of Record\*\*:

Name	Street Address	City, State, Zip
Telephone Number	Fax Number	E-Mail Address

**\*\* Required Information: PLEASE NOTE:** Incomplete information will result in the rejection of this submittal.

For all questions regarding this form and fees please call : 614-645-6090

**Please make checks payable to the Columbus City Treasurer**

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- ☐ Lighting for Tent, Carnival, etc. ☐ Lighting for a tree lot, pumpkin lot, etc. ☐ Site/ Landscape Lighting # \_\_\_\_\_  
☐ State approved Industrialized Unit ☐ Is this for Temporary Service?

### Commercial:

# of Services:	Ampere:	# of Temp. Services:	Ampere:	# of Freestanding Services/ Amps:
# of Standby Gnrtrs.:	Ampere:	# of Emergency Gnrtrs./ Amps:	# of Outlets:	# of Lights:
Bus/ Ducts/ Lin/ Ft. :		Other (Specify):		
Transformers:	Subpanels:	Safety Switches:	Disconnects:	

### Residential:

# of Service:	Ampere/ Dwelling:	# of Electric Heat Units:	Other (Specify):			
Sub Panels:	Disconnects:		Swimming Pool Hookup? <input type="checkbox"/> Y <input type="checkbox"/> N			
Light Fixtures	Switches	Receptacles	Motors/ Appliances	Air. Cond./ Heat Pumps	Smoke Detectors	Total Items

### Subcontractor (If Applicable):

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
City of Columbus Registration/License #

\_\_\_\_\_  
Description of Work Subcontracting:

### Subcontractor (If Applicable):

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
City of Columbus Registration/License #

\_\_\_\_\_  
Description of Work Subcontracting:

### Subcontractor (If Applicable):

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
City of Columbus Registration/License #

\_\_\_\_\_  
Description of Work Subcontracting:

**If Payment will be made through a SOFT Account, please provide the following:**

\_\_\_\_\_  
SOFT Account #/PIN #

\_\_\_\_\_  
SOFT Account Authorized Signature

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### The following Information is Required for Approval of this Application:

☐ The scope of work **requires previous plan approval** either by means of an approved **Building Permit** or **Plans Examination** with the exception of in-kind repair/replacement. (please confirm that you have filled in the permit/review section on the first page, if applicable)

☐ **Homeowner Affidavit** – If you (the applicant) are the owner and reside in the single family residence listed on this application, please fill out the attached affidavit. If it is signed in advance it must be notarized, however, it can be signed on site with Building Services Intake staff when the application is submitted (please bring proper identification).

### Electric Permit Fees:

#### Commercial:

##### **Multi Family Dwellings- New Construction, Additions, Alterations & Accessory Structures:**

Permit Fee: \$150 per Permit

Inspection Fee: \$150 per Inspection (extra inspections can be purchased at the time of permit issuance)

##### **Commercial/ Mixed Use Building- New Construction, Additions, Alterations & Accessory Structures:**

Permit & Inspection Fee: \$450 (includes the first 2 inspections)

Additional Inspections: \$150 per inspection (extra inspections can be purchased at the time of permit issuance)

#### **Residential:**

Permit & Inspection Fee: \$200 (includes the first 2 inspections)

Additional Inspections: \$125 per inspection (extra inspections can be purchased at the time of permit issuance)

#### **Minor Limited Scope (for Commercial & Residential):**

Examination, Permit & Inspection: \$75 (includes **One** 15 min. inspection)

#### **Subcontractor Permit**

\$75 per Subcontractor

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State of Ohio, County of Franklin, SS

Date: \_\_\_\_\_

I, \_\_\_\_\_, do certify that I am, or will be, the occupying homeowner of a single-family residence of an R-4 Use Group, and do hereby submit application to undertake the following work located at:

Street Address \_\_\_\_\_

Zip \_\_\_\_\_

I WILL BE DOING THE FOLLOWING WORK: Please check all that apply. Separate permits shall be obtained for each item marked. For each item checked, provide information on who will perform the actual work on the line provided.

**Work will be done by:**

- ☐ Structural: \_\_\_\_\_
- ☐ Electrical: \_\_\_\_\_
- ☐ HVAC: \_\_\_\_\_
- ☐ Plumbing: \_\_\_\_\_
- ☐ Fireplace Pre-Fab or Fuel-Gas Piping: \_\_\_\_\_

**I UNDERSTAND AND WILL ABIDE BY THE FOLLOWING STATEMENTS:**

- I live in this residence with my family: ☐ Y ▪ ☐ N ▪ **OR** ▪ I will move into this residence with my own family on or before (date) \_\_\_\_\_
- I will only use this dwelling as the home for me and my family.
- I will not enter into a contract with an unlicensed contractor and I will do the work as required by the Columbus City Codes. It is understood that I may have assistance from other persons not licensed as contractors with the City of Columbus, providing no contract either verbal or written exists among the parties involved.
- I have attached the permit application & the proper fee. I know that I am responsible for the work meeting Columbus City Codes. I know that work done by someone other than myself requires permits by licensed contractors. I have told the truth on this affidavit and on the attached papers. I know there is a fine or imprisonment for violating the building code.

**SPECIAL NOTE:** Based on the licensing requirements of the City of Columbus, a homeowner may NOT obtain mechanical permits for new construction of a single family residence.

Name of Applicant (please print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

(Area Code) Home Phone Number \_\_\_\_\_

(Area Code) Alternate Phone : ☐ Work ☐ Mobile ☐ Other: \_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

**Notary Seal Here**

Signature of Notary Public or Building Services Division Official \_\_\_\_\_

**FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SEC. 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT & A FINE OF \$1,000 OR BOTH.**

**OFFICE USE ONLY:**

☐ Approved ☐ Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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